(PLEASE READ THE TECHNICAL INFORMATION BELOW BEFORE STARTING THIS TEMPLATE.)

The form works best when downloaded using Microsoft Internet Explorer. It may not retain the appropriate coding if downloaded using Netscape or other browsers.

The form uses the protection feature in MS Word to prevent users from inadvertently changing the static contents and to facilitate data entry as a MS Word form. **Do not attempt to complete the form online. It must be downloaded to your hard drive.** To function properly as a template, it should be saved to the user's MS Word template folder.

Since this form contains macros, Word may warn you that the form contains macros when you open it. Click on "Enable Macros," if the warning message appears. Users need to ensure that their Tools/Macro/Security is set to "Medium." If the setting is higher than medium, macros will not run. The nature of a MS Word form is that information is entered into fields represented by the gray shaded boxes in the document. Pressing the Tab key moves the user forward from entry field to entry field across, then down the page. To move back one field at a time, press Shift-Tab or click in any desired field with the mouse.

Text entry fields will accept any characters, although the number of characters is limited in a few fields. Date entry fields accept date entries. Checkmarks are inserted and removed from checkboxes by pressing the spacebar with the cursor on the checkbox or by clicking on them with the mouse.

By default, Word disables spell checking in a protected document, therefore a special macro is included to permit spell checking. When the form is open, the "Spell Check PDQ" toolbar appears, along with other standard toolbars. Click the "Spell Check PDQ button to spell check your form.

Before entering text in this template, it is recommended that the "Print Layout View" be selected and the "Vertical Scroll Bar" option be visible on your screen. To proceed through text entry areas, use your Tab key, or "point and click" to each text entry area, and scroll through the document using the Vertical Scroll Bar.

DEPARTMENT OF ADMINISTRATIVE SERVICES – HUMAN RESOURCES ENTERPRISE (DAS-HRE) INSTRUCTIONS FOR COMPLETING THE POSITION DESCRIPTION QUESTIONNAIRE (PDQ) FORM

IMPORTANT

In order to be considered for review, a position must have undergone **substantial change** since the last time it was reviewed. A request for review may be made by an employee or agency management. Requestors must document and explain how the job has changed in order for the request to be processed for review. **Falsification or misrepresentation made in regard to any information submitted may lead to discipline up to and including discharge.**

ALL REQUESTS FOR POSITION REVIEW MUST INCLUDE:

- NEW POSITION DESCRIPTION QUESTIONNAIRE (CFN 552-0094)
- PREVIOUS POSITION DESCRIPTION QUESTIONNAIRE, IF RECLASSIFICATION IS REQUESTED
- CURRENT ORGANIZATION CHART

If all sections are not completed, the request will be returned.

DO NOT COMPLETE THE BOXES MARKED "FOR AGENCY USE ONLY" OR "FOR DAS-HRE USE ONLY."

- Items 1-3 Enter employee name (or "Vacant"), 18-digit position #, department, division, bureau, section and work address.
- Indicate the hours and days normally worked. If 40 hours a week, check the "Full-time" box. If less than 40 hours a week, check the "Part-time" box and enter the number of hours usually worked each week.
- Item 6 If new duties have been assigned (not just more of the same) since the position was last reviewed, mark the "Yes" box. In addition, mark each NEW duty with an "X" in the "Work Performed" section of the PDQ.
- Item 7 Enter the title of the job classification you believe is correct for the position.
- Item 8 Enter the name and job classification of the supervisor (the person who gives work assignments and evaluates performance).
- Item 9 Provide a clear and complete description of WHAT duties are performed and HOW they are performed. In your own words, describe the duties that are permanently assigned to you. If you simply copy statements from the class descriptions or classification guidelines, the request will be returned.
 - Outline the various tasks involved in the job.
 - List first the recurring or more important tasks that are performed, followed by those that are less frequent or less important.
 - Estimate, where possible, the percent of total time or number of hours spent on each task in a work week.
 - Avoid vague words such as "assist," "direct," "assign," etc. Always explain WHAT duties are performed and HOW they
 are performed. Use examples.
 - Attach forms used in the performance of your work if they help explain the task.
 - Describe what this position does, not the work done in the entire work unit.
 - Use Additional Sheets If Necessary.
- Items 10-14 Answer or comment as directed on the PDQ.
- Item 15 The Americans with Disabilities Act (ADA) prohibits discrimination on the basis of disability against <u>qualified</u> (meeting the qualifications of a class) individuals with disabilities. Therefore, supervisors must determine the <u>essential functions</u> of the position. An essential function is defined as one that an individual <u>must</u> be able to perform, with or without reasonable accommodations, in order to hold the position. Refer to the <u>Supervisors and Managers Manual</u>, Section 3.15, for more detailed information on essential functions.
- Items 16-17 Answer or comment as directed on the PDQ.

DEPARTMENT OF ADMINISTRATIVE SERVICES – HUMAN RESOURCES ENTERPRISE (DAS-HRE) POSITION DESCRIPTION QUESTIONNAIRE

Read instructions before completing this form.

Read instructions before completing this form.			
FOR AGENCY USE ONLY	FOR DAS-HRE USE ONLY		
M-5 #:	PDQ #:		
New Position ■ Position	Class Title:		
☐ Position review requested	18 Digit Position #:		
☐ No position review requested	Personnel Officer:		
Response to DAS-HRE request	Date:		
Name of employee (if none, write VACANT)	2. Current 18-digit position # and Class Title		
3. Department, Division, Bureau, Section and Work Address	f Education		
Iowa Vocational Rehabilitation Services, Department of Education 4. Hours worked (shifts, rotations, travel) 5. Full-time (40 hours per week)			
40 Part-time (list number of hours per week):			
Have the assigned duties changed since this position was last reviewed for If Yes, place an "X" beside each NEW task written below. Also, describe in			
7. Classification requested	Name and job classification of the immediate supervisor		
Program Planner II 9. Description of Work: Describe the work in detail. Make the description so one of the second	TBD, Area Office Supervisor		
	ortant responsibility first. If this is a reclassification request, the previous PDQ must be		
TIME/% WORK PER	FORMED		
Local Office Connections: Work with IVRS Counselors and area office supervisor to identify and develop businesses for employment opportunities for job candidates. Develop service program connections between local office staff and businesses to create job opportunities for job candidates. Provide guidance and technical assistance on OJT and Progressive Employment opportunities for busines to expand access for use of Vocational Rehabilitation services. Provide current and relevant labor market information to local offices on what business and industry requires. Collaborates closely with area office counselors in linking qualified job candidates to business need. Will provide training and guidance to VR staff in understanding business needs and the use of labor market information. Will coordinate with counselors to provide work readiness training for job candidates which could include Job Seeking Skills training, business awareness of soft and technicanl skills required and develop programming to increase access to business such as job fairs, career fairs, business tours Market IVRS job candidates and services to business and industry. Provide technical assistance to local offices on how to strategically identify businesses within assigned geographic area. Mentor local counselor and associate staff on developing business connections, networks and placements. Track the successes, the networks, the requests, etc. for demonstrating successful connections at the local level. Connections with Business and Industry. Market IVRS system services to business and industry in the territory served. Develop connections with business and industry to create and help develop a mentorship program in those companies so job candidates experience a sense of community and commitment. Facilitate IVRS staff relationship building with business and industry. Participate in Chamber Events and SHRM meetings where connections with B &I can be made. Facilitate local staff engagement in those meetings. Develop diversity agreements and stra			
X			
	\ O.T		

(To insert additional "Description of Work" items, Click Here.) Otherwise, click on the Yes or No box in Item 10 to continue.

- 10. Is this position considered to be supervisory? Yes \(\subseteq \text{No } \subseteq \) (If Yes, complete the <u>Supervisory Analysis Questionnaire</u> form (CFN 552-0193) and attach it with this PDQ.)
- 11. For what reasons are you requesting that this position be reviewed? Include, if applicable, significant changes or additions to duties, comparison(s) with other positions, etc. Be specific. Attach additional sheets, if necessary.

New Position: IVRS is expanding it's work with business and industry and will create more capacity at the local level to meet the needs of our business customers. This position will assist in addressing state/federal goals identified in the Future Ready Iowa Initiative and Worforce Innovatin Opportunities Act.. It will identify VR resources and services that will create value for business in meeting their need and be a specific resource to business for disability related expertise. It will expand focus on business development and preparation of our job candidates to increase the number of successful employment closures for targeted offices

I certify that I have read the instructions for the completion of this questionnaire, that the answers are my own, and that they are accurate and complete. <u>I understand that falsification or misrepresentation made in regard to any information submitted may lead to discipline up to and including discharge</u>.

Signed_	
(Incumbent Employee)	(Date)

If you have not been notified by your department's management of their decision to support or deny this request within 30 days, you may send this request directly to DAS-HRE for review. Address it to: Administrator, Program Delivery Services, Iowa Department of Administrative Services-Human Resources Enterprise, Grimes Building, 400 East 14th Street, Des Moines, Iowa 50319-0150.

SUPERVISOR REVIEW OF POSITION DESCRIPTION QUESTIONNAIRE

This section must be completed within 30 days after the PDQ is received from the employee. The employee must be notified of the decision to support or deny the request. Regardless, the request must be forwarded to DAS-HRE. This PDQ will be returned if any section is incomplete. Attach additional sheets, if necessary.

- 12. Indicate to what extent, if any, the statements on this form are, in your opinion, not correct or need clarification.
- 13. Describe the origin of any new duties, i.e., those marked with an "X" in item 9. If new duties have been added, where were they performed prior to being assigned to this position? Are these duties performed by anyone else? If so, identify the person(s) and the position classification of their positions.

These are specifically assisgned duties that have been typically performed by local rehabilitation service staff. Due to capacity needs, we are integrating disability specific rehabilitation counseling knowledge with a business marketing approach to create program and system change.

14. What is the basic purpose of this position?

Assists businesses and industries in Iowa to secure a diverse workforce, through inclusion of individuals with disabilities..

15. Identify the essential functions that must be performed by the incumbent, with or without reasonable accommodations for disabilities. Identify any certifications or licenses that are required. Refer to the instruction sheet and Section 3.15 of the <u>Managers and Supervisors</u> Manual for more information on essential functions.

Ability to apply social, economic, and labor conditions in implementing an employment plan to increase employment outcomes for an area office.

Ability to understand the niche of a business and how it will produce a successful outcome for consumers.

Ability to develop AO strategic business plans that assists them in developing business relationships and employment opportunities.

Ability to develop strategies to improve sucessful outcomes.

Ability to develop working relationships with businesses, Chamber of Commerce, local offices and job candidates.

Ability to plan business development needs within a geographical area to promote the vocational rehabilitation of individuals with disabilities and implement continuous quality improvement based on that assessment and consequent analysis.

Ability to provide leadership in a geographical area marketing IVRS to business and industry to create mentors within the community for consumers in small business.

Ability to track work performed and time spent on activities.

Ability to understand disability issues and positively address options to accommodate

Communicate with the VR team, area partners and clients with zero founded complaints.

Ability to apply principles of vocational rehabilitation counseling and eligibility.

Skills in applying occupation employment data/ labor market information with VR field staff invovled in employment planning and counseling and guidance.

Written and verbal communication skills to document case services and service delivery..

Displays high standards of ethical conduct, exhibits honesty and integrity.

<u>Displays</u> a high level of initiative, effort and commitment towards completing assignments efficiently.

Aligns behavior with the needs, priorities and goals fo the organization.

igned(Sເ	upervisor)	(Title and Job Classification)	(Date
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APPOINTING A	AUTHURITT REVIE	EW OF POSITION DESCRIPTION QUES	DIIONNAIRE
APPOINTING I	AUTHURITY REVIE	WOI FOSITION DESCRIPTION QUE	TIONNAIRE
	AUTHORITY REVIE	WOI FOSITION DESCRIPTION QUE	DIIONNAIRE
Comments:	AUTHORITT REVIE	WOI FOSITION DESCRIPTION QUE	DIIONNAIRE
	AUTHURITT REVIE	WOI FOSITION DESCRIPTION QUE	DIIONNAIRE

9. Description of Work (continued). Describe the work in detail. Make the description so clear that the reader can understand each task exactly. In the TIME/% column, enter the percent of time spent on each task during an average work week. List the most important responsibility first. If this is a reclassification request, the previous PDQ must be attached. This PDQ will be returned if any section is incomplete.

TIME/%	WORK PERFORMED
	Prepare reports on client successes and marketing efforts Coordinate efforts with Communitation Specialist on success stories. Represent IVRS in the business community, in the public and within the agency in a professional manner. Work with VR staff in local offices regarding use and integration of the Talent Acquisition Portal.

Click Here To Return to Item #10